

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Daniel		08-14-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.H.	S. C. M.	04/19/01
RESPONSE FORMALITY REVIEW	Y.S.	427	11/23/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓ 4/10/01
2	✓ 4/10/01
3	✓ 4/10/01
4	✓ 4/10/01
5	✓ 4/10/01
6	✓ 4/10/01
7	✓ 4/10/01
8	✓ 4/10/01
9	✓ 4/10/01
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46	✓ 4/10/01
47	✓ 4/10/01
48	✓ 4/10/01
49	✓ 4/10/01
50	✓ 4/10/01

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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5/1/01
 6/17
 11-3-01